

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

DATE

Page 1 of 1

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Warden Terrence McDonnell
 Kilby Correctional Facility
 P.O. Box 150
 Mt. Miegs, AL 36057

A. Received by (Please Print Clearly)	B. Date of Delivery
Bruce Vermilyea	8-22-01

C. Signature

XBruce Vermilyea

<input type="checkbox"/> Agent
<input type="checkbox"/> Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

106 CUV 500

P& S

(20)

3. Service Type	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy)

7005 1820 0002 3461 5206

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952